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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	005092.00029
First Named Inventor	Strand, David
COMPLETE IF KNOWN	
Application Number	
Filing Date	December 27, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Microfluidic Substrate Assembly & method for Making Same

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/239,010	10/06/2000	<input checked="" type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/239,063	10/06/2000	
60/238,805	10/06/2000	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US01/31333	October 5, 2001	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **22910** → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **22910** OR Correspondence address below

Name				
Address				
Address				
City		State		ZIP
Country	Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname			
David	Strand			

Inventor's Signature					Date		
Residence. City	Marlborough	State	MA	Country	USA	Citizenship	USA

Post Office Address	734 Forest Street						
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Post Office Address							
City	Marlborough	State	MA	ZIP	01752	Country	USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Joe			Antocci				
Inventor's Signature						Date	
Residence: City	Leominster	State	MA	Country	USA	Citizenship	USA
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Post Office Address							
City	Leominster	State	MA	ZIP	01453	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Peter			Myers				
Inventor's Signature						Date	
Residence: City	Bromborough	State	Wirral	Country	United Kingdom	Citizenship	United Kingdom
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Post Office Address							
City	Bromborough	State	Wirral	ZIP	L626DL	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
David			Barrow				
Inventor's Signature						Date	
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Post Office Address							
City	Cardiff	State	Wales	ZIP	SA59DJ	Country	United Kingdom

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)
60/238,390	10/06/2000

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Joseph		Cefai					
Inventor's Signature						Date	
Residence: City	Swansea	State	Wales	Country	United Kingdom	Citizenship	United Kingdom
Post Office Address	14 Quarry Road						
Post Office Address							
City	Swansea	State	Wales	ZIP	SA59DJ	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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